

MEDICAID FEE-FOR-SERVICE HANDBOOK





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For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 (TTY 1-866-501-5656).

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono **1-800-642-3195** (TTY 1-866-501-5656)

Arabic: 1-800-642-3195 (TTY 1-866-501-5656)

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥




INTRODUCTION

Medicaid is a health care program provided through the Michigan Department of Community Health (MDCH).

When you have Medicaid, you will get a mihealth card. Always keep this card, even if you lose Medicaid. You will need this card if you get Medicaid again. If you need a replacement card, call: 1-800-642-3195.

Most people who have Medicaid must join a health plan. MICHIGAN ENROLLS will send a packet to you if you must join a health plan.



This booklet explains how you should get care under the Medicaid program when you are not in a health plan. It also lists your rights and responsibilities under the Medicaid program. And it gives you a phone number you can call if you have questions or need help.

HOW DO I GET CARE?



When you have Medicaid and are not in a health plan, you must:

- go to a provider who takes Michigan Medicaid.
- show your mihealth card to all providers before you receive services. Providers need to know you have Medicaid in order to know which health services are covered for you. If you don't show them your card, you may have to pay for the service.
- tell your provider if you have other health insurance that covers all or part of your care.





WHAT SERVICES DOES MEDICAID COVER?



Medicaid covers medically needed services such as:

- Ambulance
- Chiropractic
- Dental
- Doctor visits
- Family planning
- Health checkups for kids and adults
- Hearing and speech
- Home health care
- Hospice care
- Hospital care
- Lab and x-ray
- Nursing home care
- Medical supplies
- Medicine
- Mental health
- Personal care services
- Physical and occupational therapy
- Podiatry (foot care)
- Prenatal care and delivery
- Shots (immunizations)
- Substance abuse
- Surgery
- Vision

Some of these services are limited. Your provider will tell you what Medicaid covers.



NON-EMERGENCY TRANSPORTATION



Medicaid must assure necessary transportation.

You can get help in getting a ride if:

- you do not have a way to get to and from a doctor or dentist visit or
- you do not have a way to get medical or dental items or services Medicaid covers.

In some cases, the rides you need must be approved in advance. Contact your local Department of Human Services (DHS) office if you need transportation services.





EMERGENCY ROOM CARE

Emergency rooms are for serious medical conditions only. If you go to the emergency room for routine care, you may have to pay the bill. Routine care includes minor ailments like the flu, a cold, or an earache. Call your provider about routine care.

Medicaid rules state:

An emergency exists if a prudent layperson reasonably believes that having a person wait to be treated by a Medicaid provider will worsen the person's condition.

Medicaid defines a medical emergency as:

A condition where delay in treatment may result in the person's death or permanent impairment of the person's health.

Medicaid covers emergency care provided outside Michigan.



WHEN DO I HAVE TO PAY FOR SERVICES?



You do not have to pay for services Medicaid covers. If Medicaid does not cover the service, your doctor, pharmacy, hospital or other providers must tell you before they provide it. If the provider tells you after you have received the service that Medicaid does not cover it, you do not have to pay for it.

You may have to pay part of the costs for the services below. This is called a co-payment.

- Chiropractic
- Dental*
- Hearing aids
- Pharmacy
- Podiatry (foot care)
- Vision

*Not a covered service over age 20.

You may also have to pay part of the costs of your inpatient hospital or nursing home services. This is called a patient-pay amount. Your DHS specialist will tell you if you have a patient-pay amount.



HEALTH CARE PROGRAMS



WELL-CHILD CARE

FREE HEALTH CHECKUPS

Medicaid covers free health checkups for people under age 21. A checkup can find problems you may not know about, such as lead poisoning or hearing or vision problems. Early treatment may prevent you or your children from getting really sick later.

Checkups include:

- Head-to-toe exam
- Health history
- Height, weight, and head measurements
- Tests for normal growth and development
- Blood pressure check
- Needed shots (immunizations)
- Health education and information
- Nutrition history
- Hearing and vision tests
- Dental check
- Blood lead testing and other lab tests, as needed
- Referral to a dentist or other medical provider

SHOTS (IMMUNIZATIONS)

Medicaid wants your child to be as healthy as possible from the day he or she is born. To be healthy, your child needs protection from serious diseases like polio, whooping cough and diphtheria. Your doctor can give your child the best protection with shots given at birth through the late teens.

The chart on the next page gives you a schedule of shots your child needs to stay healthy. It shows the age your child should get each one. Be sure to ask your doctor to keep your child's shots up-to-date. You can even take this booklet to your child's shots appointments. You or your doctor can write the dates of your child's shots right on the chart. Doing this will help you keep a good record of them. Your child's school needs to know this.

The state requires that all children entering Michigan child care programs and schools be fully vaccinated (have all required shots). If your child does not have all the required shots, he or she can be excluded from attending a child care program or school.

Contact your doctor or local health department, child care program director or school principal for the latest requirements.

RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE*

Michigan Department of Community Health
1-888-76-SHOTS (1-888-767-4687)

	Months							Years	
	Birth to 2	2	4	6	12	15	18	4-6	11-12
Hepatitis B (Hep B) *	✓	✓				✓			✓**
Haemophilus influenza type B (Hib)		✓	✓	✓		✓			
Diphtheria, tetanus and pertussis (DTaP)		✓	✓	✓			✓	✓	
Polio (IPV)		✓	✓			✓		✓	
Measles, mumps and rubella (MMR)						✓		✓	✓**
Varicella or chickenpox (VZV)						✓			✓**
Tetanus and diphtheria booster (Td)									✓

Grouped areas show the range of ages for that vaccination (shot).

* Check with your health care provider. Your doctor or nurse may suggest more shots or a different schedule for your child.

** Shots needed at this age if they were missed or given earlier than recommended.

FAMILY PLANNING CHOICES

Both men and women can get family planning services. Some of these services help you plan if and when to have a baby. Other services can help you prevent a pregnancy. Medicaid covers family planning services including:

- Doctor visits
- Medical exams
- Pregnancy testing
- Birth control counseling
- Birth control methods
- Testing for sexually transmitted diseases (STDs)
- HIV and AIDS testing
- Education and counseling for family planning

PRE-NATAL CARE

If you think you may be pregnant, be sure to see your health care provider as early as possible. Medicaid covers medical care while you are pregnant and after your baby is born. Medicaid also covers shots (immunizations) you and your baby need to stay healthy.



MICHIGAN DIAPER AND INCONTINENCE SUPPLIES PROGRAM

Michigan has a contract to provide diapers and incontinence supplies to people who get Medicaid benefits. Your doctor will give you a prescription if you need any of these products:

- All incontinence catheters and accessories
- Irrigation syringes
- Skin barriers
- Disposable diapers (baby diapers are not included for children under age three)
- Underpads
- Incontinence pants and liners
- Enema units

Call your DHS specialist if you want a copy of the Michigan Diaper and Incontinence Supplies Program brochure. The pamphlet will help you learn more about this program. You can also call us at 1-800-642-3195 if you have questions.





YOUR MEDICAID RIGHTS AND RESPONSIBILITIES

It is important that you know your rights and responsibilities under Medicaid.

Under Medicaid, you have the right to:

- Receive quality health care.
- Be treated with respect.
- Be seen by a primary provider who will arrange the care you need.
- Get all the facts from your primary provider about your health and treatment.
- Know about experimental procedures or treatments that have been proposed for your care.
- Say “no” to any medical treatment you disagree with.
- Get a second medical opinion.
- Be told what services are covered by Medicaid.
- Know if a co-payment is required.
- Know the names and backgrounds of your health care providers.
- Choose your primary provider.
- Get help with any special disability needs you may have.
- Get help with any special language needs you may have.

- Tell your primary provider how you wish to be treated if you ever become too ill to decide for yourself.
- Be told in writing when and why benefits are being reduced or stopped.
- Have your medical records kept confidential.
- Get a copy of your medical records.
- Voice your concern about the service or care you receive.
- Contact the Michigan Department of Community Health with any questions or complaints that you may have.
- Appeal any denial or reduction of Medicaid eligibility or service.

Under Medicaid, you have the responsibility to:

- Show your mihealth card to all providers before receiving services.
- Never let anyone use your card who is not covered.
- Choose a primary provider. Then contact and build a relationship with the provider you have chosen.
- Make appointments for routine check-ups and shots (immunizations).
- Keep your scheduled appointments and be on time.
- Provide complete information about your past medical history.
- Provide complete information about current medical problems.
- Ask questions about your care.
- Follow your provider's medical advice.

- Respect the rights of other patients and health care employees.
- Use emergency room services only when you believe an injury or illness could result in lasting injury or death.
- Notify your primary provider if emergency treatment was necessary and follow-up care is needed.
- Make prompt payment for copayments and services not covered by Medicaid.
- Report changes that may affect your coverage to your DHS specialist. This could be an address change, birth of a child, death, marriage, or divorce.
- Promptly apply for Medicare or other insurance when you are eligible.
- Report other insurance benefits when you are eligible.





APPEALING AN ACTION



If you have complaints or concerns with your health care or your health care provider, there are things you can do:

1. You can call or write the Department of Community Health (DCH) about your complaint.

Department of Community Health
Medical Services Administration
PO Box 30470
Lansing MI 48909-9753
1-800-642-3195

2. You can appeal a negative action, such as Medicaid not paying a bill or not approving a service.
File your hearing request within 90 days from the date you were notified of the decision. Your request must explain the problem in writing.

Mail your request for a hearing to:

Department of Community Health
Administrative Tribunal
PO Box 30763
Lansing, Michigan 48909

If you have questions, call us at 1-800-642-3195.

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

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